



# NATIONAL SLEEP THERAPY

*Partners in Health* | Call toll free: **888.867.8840**



# NATIONAL

## SLEEP THERAPY

Dear Customer,

The staff of National Sleep Therapy is pleased to welcome you to our health care service. We at National Sleep Therapy understand the importance of providing home health care services that enhance independence and daily activities. Our commitment to you is to provide care, treatments, and services in the most respectful and least intrusive manner possible.

Our Mission Statement is as follows:

*The mission of National Sleep Therapy is to set the standard of excellence in our community by providing the patient, their families, and their physicians with confidence that we are dedicated, committed, and capable of delivering responsive, professional, and caring service to each and every patient, as part of a successful plan of care.*

National Sleep Therapy is focused on sleep therapy equipment and services which includes:

- CPAP Therapy
- Bi-Level Therapy
- Home Oxygen Therapy

Our hours of operation are 9am-5pm Monday – Friday. If you call after hours, you will be able to leave a message and we will respond to your call the next morning. If you have a medical emergency, you should call 911 or your local emergency medical support number. Our mailing address is:

National Sleep Therapy  
498A Woodford Street  
Portland, ME 04103

If you have additional questions or need other assistance, please call National Sleep Therapy toll-free at 1.888.867.8840, and one of our friendly staff members will be glad to assist you.

### **Business and Service Philosophy**

As a customer of National Sleep Therapy, you are entitled to be treated with honesty and respect by our entire staff. National Sleep Therapy wants all customers to be satisfied with our services. If questions arise, we will attempt to satisfy you promptly. National Sleep Therapy Services include:

- Your home medical equipment will be properly maintained and serviced by our trained personnel
- Understandable written and verbal instructions will be provided regarding the safe operation of your equipment
- Reimbursement assistance is available from our billing office. 888.867.8840
- Customer Service is available M-F 9am – 5pm

We wish you a warm welcome to National Sleep Therapy and look forward to providing your health care needs.

Sincerely,

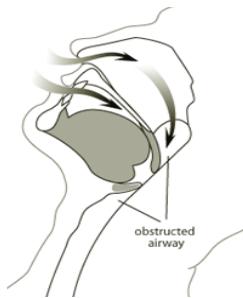
Peter Falkson

Chief Executive Officer



# NATIONAL SLEEP THERAPY

## Premium Care



Patient with OSA

### Product Replacement Schedule\*

- Nasal Mask Cushion / 2 per month
- Nasal Pillow / 2 per month
- CPAP Filter Disposable / 2 per month
- Full Face Cushion / 1 per month
- CPAP Mask / 1 per 3 months
- Hose / 1 per 3 months
- Headgear / 1 per 6 months
- Chin Strap / 1 per 6 months
- CPAP Filter Reusable / 1 per 6 months
- Humidifier Chamber / 1 per 6 months

\*You will not have all of these items prescribed to you

Providing the highest level of  
Sleep Care anywhere

Please contact us anytime.  
toll free: **888.867.8840**  
or email: **info@NSTherapy.com**

**National Sleep Therapy**  
[www.nstherapy.com](http://www.nstherapy.com)



*National Sleep Therapy is a new type of therapy company focused exclusively on better sleep care. Providing the best equipment, service, and patient follow-up. Your continued health is our primary goal.*

## Premium Care

### Uncompromising Level of Sleep Care Services

**What is Obstructive Sleep Apnea (OSA)?** Your doctor has diagnosed you with OSA, a very common condition caused by a blockage of the airway, usually when the soft tissue in the rear of the throat collapses and closes during sleep. In the U.S. alone, data suggests that 25million people have undiagnosed OSA. You are fortunate that treatment is available that should improve your sleep and overall health.

**How is it treated?** Your doctor has selected CPAP (Constant Positive Airway Pressure) for your treatment. CPAP works by gently blowing pressurized room air through the airway at a pressure high enough to keep the throat open. This pressurized air acts as a "splint." The pressure is set according to your needs at a level that eliminates the apneas and hypopneas that cause awakenings and sleep fragmentation.

**Daily Cleaning** Your equipment must be kept clean to provide you the best therapy. The mask, mask cushions, hose, and machine filters are all DISPOSABLE elements and should be cleaned daily and replaced periodically according to the chart (left). Please wash your mask, cushions and hose daily with warm soapy water. Do not use any harsh chemicals. A more complete cleaning guide is provided in the user manuals provided to you. A proper cleaning routine is important to keep you healthy.

**Replacement Schedule** Many of the elements you will use are intended to be replaced. As you use the mask, mask cushions, and hose, the materials will soften and relax causing mask leaks and discomfort. The materials chosen provide the best possible therapy, but they do have the disadvantage of a short lifespan. PLEASE REPLACE YOUR ELEMENTS according to the schedule (left). In most cases your insurance benefit will pay for some or all of the cost. National can put you on a reminder program. Ask your therapist to sign you up!

**Therapy Follow-up** Your continued health is our primary concern. Staying on CPAP is an important part of therapy for Sleep Apnea. We know that the first few weeks of therapy may be hard to become accustomed to. For this reason, we will call you on a periodic basis to check to see how you're doing. You should feel free to call us if you have any issues as well, or to order replacement elements of your system. When our therapist phones you, please take their call and answer all their questions as it will help us and your doctor optimize your therapy.

**Notice of Health Information Practices****Purpose****Effective Date 1/3/09**

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

National Sleep Therapy (NST) believes that the information we gather about you is of a very private nature and we are dedicated to keeping this information confidential. The records we create in providing you with care are by law kept confidential. We are also required to inform you of our policies concerning the use and storage of your personal health information.

NST maintains the right to update our Privacy Notice. Your personal health information will always be maintained by our current policies designated in our current Privacy Notice. A current copy of our Privacy Notice is prominently displayed at 498A Woodford St. Portland, Maine, 04103 and online at [www.nstherapy.com](http://www.nstherapy.com). If you have any comments or questions about our Privacy Notice you may call us at 888-867-8840.

**Privacy Policy**

The following describes the manner in which we will use and disclose **your** personal health information:

1. We may collect and share appropriate information about you to document the medical necessity of the equipment, supplies or services we are providing. Examples include diagnosis, prescription, referral and physician or health care provider information.
2. We may share appropriate information about you to bill and collect payment for the health care we provide, including insurance companies and third parties, which includes family members or other financially responsible parties you have informed us of. Examples include insurance coverage and eligibility verification.
3. We may use and disclose information to monitor and operate our business. Examples include satisfaction surveys, health care outcomes and utilization reporting, accreditation bodies, reports provided to any federal, state or local authority (as required by law), or to remind you of equipment, supplies or service needs.
4. We may release appropriate information about you to family or friends that are helping you with the financial responsibilities incurred while receiving equipment, supplies or services from us.
5. We may use and disclose information about you to respond to a court or legal authoritative body that legally requests information about you. Examples include providing documents for legal subpoenas or discovery proceedings and our staff testifying about the care we have provided.

The following describes **your** rights to the information we maintain about **you**:

1. You have the right to direct the use of your personal health information at any of our locations.
2. You have the right to terminate or revise your authorizations or consents that pertain to our use of your personal health information, and have those terminations or revisions affect any new equipment, supply, or service provisions. We are not required to accept your terms. If we do accept your restrictions, we will honor your specifications, except where prohibited by law. All requests must be in written form.
3. You have the right to request a copy of your personal health information as long as any federal, state or local law does not prohibit it. This request must be in writing. There is a charge for copying, producing and delivering your information.
4. You have the right to request, in writing, a revision to your personal health information. Revision requests will be evaluated on an individual basis and amended, if appropriate. At no time will a revision be made that may erroneously record the personal health information stored by us. Your written request must detail the requested revision and the reasons for the modification. If no explanation is provided, no revision will be made. If we deny your request for an amendment, you have the right to file a statement of disagreement.
5. You have the right to request an accounting of *non-routine disclosures* we have made with your personal health information. You can receive one free accounting in a twelve-month period. We will charge for any accounting services that exceed one per twelve months. You must agree to this charge before we will provide any accounting of services. These requests cover dates of service on or after April 14<sup>th</sup>, 2003.
6. You have the right to file a complaint about our use of your personal health information with us or the Secretary of the Department of Health and Human Services.



#### **MEDICARE DMEPOS SUPPLIER STANDARDS**

Note: This is an abbreviated version of the supplier standards every Medicare DMEPOS supplier must meet in order to obtain and retain their billing privileges. These standards, in their entirety, are listed in 42 C.F.R. 424.57(c).

1. A supplier must be in compliance with all applicable Federal and State licensure and regulatory requirements.
2. A supplier must provide complete and accurate information on the DMEPOS supplier application. Any changes to this information must be reported to the National Supplier Clearinghouse within 30 days.
3. An authorized individual (one whose signature is binding) must sign the application for billing privileges.
4. A supplier must fill orders from its own inventory, or must contract with other companies for the purchase of items necessary to fill the order. A supplier may not contract with any entity that is currently excluded from the Medicare program, any State health care programs, or from any other Federal procurement or non-procurement programs.
5. A supplier must advise beneficiaries that they may rent or purchase inexpensive or routinely purchased durable medical equipment, and of the purchase option for capped rental equipment.
6. A supplier must notify beneficiaries of warranty coverage and honor all warranties under applicable State law, and repair or replace free of charge Medicare covered items that are under warranty.
7. A supplier must maintain a physical facility on an appropriate site.
8. A supplier must permit CMS, or its agents to conduct on-site inspections to ascertain the supplier's compliance with these standards. The supplier location must be accessible to beneficiaries during reasonable business hours, and must maintain a visible sign and posted hours of operation.
9. A supplier must maintain a primary business telephone listed under the name of the business in a local directory or a toll free number available through directory assistance. The exclusive use of a beeper, answering machine or cell phone is prohibited.
10. A supplier must have comprehensive liability insurance in the amount of at least \$300,000 that covers both the supplier's place of business and all customers and employees of the supplier. If the supplier manufactures its own items, this insurance must also cover product liability and completed operations.
11. A supplier must agree not to initiate telephone contact with beneficiaries, with a few exceptions allowed. This standard prohibits suppliers from calling beneficiaries in order to solicit new business.
12. A supplier is responsible for delivery and must instruct beneficiaries on use of Medicare covered items, and maintain proof of delivery.
13. A supplier must answer questions and respond to complaints of beneficiaries, and maintain documentation of such contacts.
14. A supplier must maintain and replace at no charge or repair directly, or through a service contract with another company, Medicare-covered items it has rented to beneficiaries.
15. A supplier must accept returns of substandard (less than full quality for the particular item) or unsuitable items (inappropriate for the beneficiary at the time it was fitted and rented or sold) from beneficiaries.
16. A supplier must disclose these supplier standards to each beneficiary to whom it supplies a Medicare-covered item.
17. A supplier must disclose to the government any person having ownership, financial, or control interest in the supplier.
18. A supplier must not convey or reassign a supplier number; i.e., the supplier may not sell or allow another entity to use its Medicare billing number.

19. A supplier must have a complaint resolution protocol established to address beneficiary complaints that relate to these standards. A record of these complaints must be maintained at the physical facility.
20. Complaint records must include: the name, address, telephone number and health insurance claim number of the beneficiary, a summary of the complaint, and any actions taken to resolve it.
21. A supplier must agree to furnish CMS any information required by the Medicare statute and implementing regulations.
22. All suppliers must be accredited by a CMS-approved accreditation organization in order to receive and retain a supplier billing number. The accreditation must indicate the specific products and services, for which the supplier is accredited in order for the supplier to receive payment of those specific products and services (except for certain exempt pharmaceuticals). Implementation Date - October 1, 2009
23. All suppliers must notify their accreditation organization when a new DMEPOS location is opened.
24. All supplier locations, whether owned or subcontracted, must meet the DMEPOS quality standards and be separately accredited in order to bill Medicare.
25. All suppliers must disclose upon enrollment all products and services, including the addition of new product lines for which they are seeking accreditation.
26. Must meet the surety bond requirements specified in 42 C.F.R. 424.57(c). Implementation date- May 4, 2009





## Patient Rights and Responsibilities

### As a patient, you have the right to:

- The right to be fully informed in advance about the care, treatments, and/or services to be provided, including the disciplines that furnish care and the frequency of visits as well as any modifications to the plan of care.
- The right to be able to identify visiting staff members through proper identification.
- The right to be cared for and choose an organization that adheres to ethical care and business practices.
- The right to be informed of care, treatment, and/or service limitations.
- The right to be involved in your care.
- The right to have the plan of care adapted to his or her specific needs and limitations.
- The right to make informed decisions regarding care.
- The right to have their values and preferences, including decisions to refuse care, discontinue care treatments, and services respected.
- The right to confidentiality of the information collected about them and to control access to this information.
- The right to privacy and security and to have their property respected.
- The right to have care, treatments, and services provided in a manner that safeguards each patient's dignity and cultural, psychosocial, and spiritual values.
- The right to be free from mental, physical, sexual, verbal abuse, neglect, and exploitation.
- The right to have a complaint heard, reviewed, and, if possible, resolved.
- The right to be involved in resolving conflicts, dilemmas or ethical issues about care or service decisions.
- The right to formulate advance directives.
- The right to be involved in decisions to withhold resuscitation and decisions to forgo or withdraw life-sustaining care.
- The right to be involved in decisions when the organization's review results in a denial of care, treatment, services, or payment.
- The right to choose whether or not to participate in research, investigational or experimental studies, or clinical trials.
- The right to be communicated with, both directly, and indirectly through other providers, in an ethical and efficient manner.
- The right to help patients, family members, and other care providers understand and exercise their rights.
- The right to be informed of your responsibilities in the provision of care, treatments, and services.
- The right to be informed of any obligation National Sleep Therapy has under applicable laws and/or regulations.
- The right to have consequences of any requested modifications and actions that are not recommended explained and to have alternative care, treatments, and services explained.
- The right to be provided with information about the charges for which the patient is responsible.
- The right to access, request amendments to, and receive an accounting of disclosures regarding their own health information as permitted under applicable law.
- The right to be informed of any existing or potential conflict of interest, which includes financial benefits when referring to other organizations, that can affect provision of care.

## **As a patient, you have the responsibility to:**

Safety and health care delivery provided is enhanced when National Sleep Therapy's patients, as appropriate to their care, are partners in the health care process. National Sleep Therapy is entitled to reasonable and responsible behavior on the part of the patients, within his or her capabilities, and their families. The following are defined as the responsibilities for National Sleep Therapy's patients:

- Responsibility to provide accurate and complete information about present complaints, past illnesses, hospitalizations, medications, and other matters relating to his or her health.
- Responsibility to report perceived risks in their care and unexpected changes in his or her condition.
- Responsibility to help National Sleep Therapy understand his or her environment by providing feedback about service needs and expectations.
- Responsibility to ask questions when he or she does not understand care, treatments, and services or expectations.
- Responsibility to follow the care, treatments, and services as planned.
- Responsibility for the outcomes if he or she does not follow National Sleep Therapy's care, treatments, and services.
- Responsibility to follow National Sleep Therapy's rules and regulations.
- Responsibility to be considerate of National Sleep Therapy's staff and property.
- Responsibility to meet any financial obligation agreed to with National Sleep Therapy.

## **Customer Complaint and Feedback Procedure**

Customer concerns are an important form of feedback for our company. Any questions or concerns regarding your service or equipment should be directed to the manager of NST so that we can resolve any issues and improve our service. It is the manager's responsibility to review all formal complaints and you will be entitled to a written response to your formal complaint.

**Toll free 888.867.8840**





# NATIONAL

SLEEP THERAPY

## PATIENT EDUCATION CPAP THERAPY

Patient: \_\_\_\_\_

Instructor: \_\_\_\_\_

Phone #: \_\_\_\_\_

You have been diagnosed with a condition that occurs when there is a physical obstruction in a person's airway that interferes with sleep. This was determined in a study that showed the presence of an obstruction, and also determines the amount of air pressure needed to keep the airways open.

Your physician has prescribed CPAP therapy to treat your obstruction sleep apnea. CPAP (Continuous Positive Airway Pressure) provides a continuous flow of air pressure that acts as an air splint to keep your airway open while you sleep.

It is important that you follow your physician's orders so that you will enjoy the maximum benefits of your CPAP therapy!

Your trained staff member will instruct you and your family on the proper use of your CPAP unit, tubing, and accessories. At the close of your training session you will be able to do the following:

1. Assemble the entire CPAP equipment.
2. Identify each part by name according to the manufacturer of your particular CPAP unit.
3. Correctly apply your nasal mask or nasal pillow.
4. Correctly clean and/or replace all components as directed by manufacturer's guidelines.
5. Identify actions to initiate in case of problems or equipment malfunction.

## I. DISCUSSION OF DIAGNOSIS, SYMPTOMS AND CPAP THERAPY RATIONALE

- A. Understanding the disease state and its effect on patient's life and health.
- B. Understanding the physiologic mechanism of the disease.
- C. Understanding how CPAP therapy helps correct symptoms; what is CPAP and why is it prescribed.
- D. The need for compliance with all physician's orders.
- E. Importance of absolute compliance with all aspects of CPAP therapy.

## II. APPLICATION/EVALUATION OF THERAPY

### A. Patient and/or caregiver to demonstrate ability to:

- 1. Assemble/disassemble entire patient circuit.
- 2. Identify each part of the system by name.
- 3. Correctly and effectively apply the mask.
- 4. Activate/deactivate the blower unit.
- 5. Correctly clean and/or replace all components as indicated.

### B. Patient must be able to determine adverse effects and take corrective action.

## III. PATIENT/FAMILY INVOLVEMENT IN SUCCESSFUL OUTCOME OF THERAPY

- A. The importance of closely following the entire treatment program for obstructive sleep apnea.
- B. The need for open lines of communication between patient, family, physician, and staff members.
- C. The patient should never deviate from or discontinue therapy without permission from the physician.**
- D. The importance of reporting clinical problems to physician as soon as possible.
- E. The importance of reporting equipment problems to Company as soon as possible.
- F. The importance of family support and assessment.

### **Helpful Hints:**

1. Wash your face before using your CPAP unit to remove excess facial oils, to prolong the life of your nasal mask.
2. Once you have been fitted correctly, try to unfasten only one strap when removing the mask to ensure you are maintaining the proper fit.
3. A tighter fit is better, but can be loose as long as there are no air leaks.
4. Keep the back of the headgear flat.
5. If your skin becomes irritated at a pressure point, use a Band-Aid type adhesive strip and contact the Company.
6. If you notice the following please contact your physician:
  - A. Runny nose
  - B. Nasal, sinus, or ear pain
  - C. Obstructive Sleep Apnea symptoms reoccur or persist
  - D. Lightheadedness or dizziness

Always refer to the manufacturer's pamphlet for troubleshooting, cleaning and maintenance. Should the equipment malfunction for any reason, please contact National Sleep Therapy.

**Utilization:** Leave instructions in patient's home for future reference.





## Equipment issues:

If your machine is not working properly or stops working, please call us first, toll free at:

**888.867.8840**

We will make sure you're back on therapy right away. Here's what we'll do when you call:

- 1 Help you troubleshoot or fix your machine over the phone
- 2 Check if your machine is still under warranty
- 3 Regardless of the warranty, provide you with a replacement the same day if possible, or the next day via FedEx or courier
- 4 Please see below for the process for machines under warranty and for machines that no longer have the original manufacturers warranty

## Equipment Warranty Policy

The equipment you receive from National Sleep Therapy (NST) comes with warranties provided by the manufacturer. National Sleep Therapy is not a manufacturer and does not provide the warranty, but will help you with your equipment if you have a problem.

Please keep all documentation and user guides that come with your machine, masks, cushions and any accessories. Warranty information will be provided in that documentation. Also, please keep any paperwork, invoices, or documentation that shows that you received this equipment from us.

If you have problems with the equipment we provided you, please call us first and we will help you through the process as quickly as possible.

You can help us in advance by having ready the date and proof of purchase along with the product name or model number. If you are calling about your machine, we will need the serial number, which can usually be found on the back or bottom of the unit.

### Purchased Items:

#### Equipment covered by the Manufacturers warranty

- We will either deliver or ship you a replacement machine free of charge. We will need the old machine back, however. If we shipped you a replacement machine, please ship the old one back to us in the same box and label it with the prepaid return label found inside the box.

#### Equipment NOT covered by the Manufacturers warranty

- Please bring your equipment back to NST or we can send you a return shipping box
- NST will loan you a unit free of charge while your unit is being repaired
- NST will send your unit to the manufacturer for repair
- You will have to pay the manufacturer for services rendered
- We will contact you when your unit has returned and ready for pick up. A \$50 COD pickup option is always available.

### Rental Items:

All rental equipment experiencing technical difficulties will be replaced by NST, free of charge, without a delivery fee, and on the day the problem is reported.



## Advance Directives

You have the right to decide whether to accept or reject medical treatment including whether to continue medical treatment and other procedures that would prolong your life artificially. You should be aware that our company policy is for staff to call 911 if you are having cardiac arrest or are found unresponsive. If you have an advance directive (living will) please inform us so that we can inform the responding Emergency Medical Technicians of your advance directive and honor your personal directions about live-prolonging treatment.

If you have a disability or illness that inhibits your mobility, we encourage you and your family member to notify the local police and fire departments, as well as the utility company that you may need their assistance in the event of an emergency.

## Emergency Preparedness

We are prepared to continue to work during thunderstorms, floods, etc. Obviously our performance could be affected by traffic conditions or other storm related issues. If you are scheduled for a delivery or follow-up visit, we will try to call you by telephone and update you on our ability to physically reach your home.

If we cannot reach you by phone:

- You should stay in your home for as long as it is safe and convenient to do so. If you feel uncomfortable staying in your home, please feel free to leave your home and we will reschedule your visit.
- We will attempt to reach you by email if we have your email address and continue to try to reach you by phone

If your National Sleep Therapy equipment uses electricity and should lose power:

- Switch over to your backup system and calculate how much time you have on the back-up
- Consider taking your medical equipment to the nearest emergency shelter that has back-up power. If you can, please call and tell us your new location and phone number. We will always continue to try to reach you by telephone and/or drive to your location whenever possible. As soon as we can safely and legally respond, we will take care of your needs.



## Safety Statement

Your physician has prescribed the use of a piece of equipment for your comfort and safety. It is essential that you use this device and correctly benefit from its use. The following suggestions may be helpful as you maintain the operation of your equipment.

- Always follow the directions given to you by National Sleep Therapy (NST) staff
- Always use all of the safety features and devices provided
- Never smoke or have a fire around oxygen devices
- Never reset, bypass or cover alarms
- Always use safety locks and make sure they are locked in position
- Electrical devices should be plugged into properly grounded outlets
- Extension cords should not be used. Place equipment close to outlet
- Do not over use plugs and outlets with extensions or multi-plug connectors
- Power sources should meet electrical Amperage requirements for equipment
- Be careful when floors are covered with carpeting and throw rugs
- Furniture should be safely arranged for safe and easy access to equipment.
- Use fire and smoke alarms and test them monthly
- Post emergency numbers near telephone for easy access in time of need
- Only properly trained responsible adults should operate equipment. Always call NST with questions regarding safety and operations
- DO NOT put blankets over your oxygen lines

## Code of Ethics

The purpose of the Code of Ethics shall be to set and improve standards within the practice of providing home medical equipment and services. To maintain the ethical conduct and integrity of this company, all staff pledge to abide by the following:

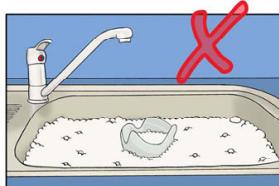
- To render the highest level of care promptly and competently taking into account the health and safety of the patient
- To serve all patients regardless of race, creed, national origin, or reason of illness
- To provide quality home medical equipment and services that are appropriate for the patient's need.
- To instruct the patients and/or caregivers in the proper use of the equipment
- To explain fully and accurately to patients and/or caregivers patient's rights and obligations regarding the rental, sale, and service of home medical equipment
- To respect the confidential nature of the patient's records and not to disclose such information without proper authorization except as required by law
- To continue to expand and improve professional knowledge and skills so as to provide patients with equipment and services that are continually updated
- To abide by both federal and local laws and regulations that govern the home medical equipment industry
- To avoid participating, directly or indirectly, with a source of patient referrals in a "captive referral arrangement" whereby patients are directed to utilize a supplier of home medical equipment in derogation of the patient's rights to select the suppliers of their choice



**NATIONAL**  
SLEEP THERAPY

### Product Replacement Schedule\*

- Nasal Mask Cushion / 2 per month
- Nasal Pillow / 2 per month
- CPAP Filter Disposable / 2 per month
- Full Face Cushion / 1 per month
- CPAP Mask / 1 per 3 months
- Hose / 1 per 3 months
- Headgear / 1 per 6 months
- Chin Strap / 1 per 6 months
- CPAP Filter Reusable / 1 per 6 months
- Humidifier Chamber / 1 per 6 months



# Health Essentials- Cleaning

Proper care and replacement is essential to your good health. CPAP masks are considered disposable. And for good reason. Sweat, oils, and bacteria can build-up causing skin issues and mask leaks. Parts can wear and lose performance. As part of optimal therapy & health, it's important to follow these steps:

- ① **Wash your mask, hose, and CPAP components daily**
- ② **Replace your mask and cushions when recommended**
- ③ **Sign-up for our reminder program to notify you, or send your replacement parts automatically**

## MASK

**Before first use:** When you get your mask, hand wash the headgear in pure soap dissolved in lukewarm water. Do not soak for longer than 10 minutes. Then rinse in fresh water and allow to dry out of direct sunlight.

**Before each use:** Every night, before you use your mask, inspect it for deterioration. Do not use if damaged.

**After each use:**

- ① Disassemble the spare parts from your mask.
- ② Wash the spare parts, excluding the foam cushion and headgear, in pure soap dissolved in lukewarm water. Do not soak for longer than 10 mins. Then rinse with fresh water.
- ③ Wipe the foam cushion with a damp cloth but do not immerse in water.
- ④ Leave all parts to dry, away from direct sunlight, before reassembling.

**Every seven days:** Hand wash the headgear in pure soap dissolved in lukewarm water. Do not soak for longer than 10 minutes. Then rinse in fresh water and allow to dry, out of direct sunlight.

## CPAP

- + Replace disposable filters every two weeks
- + Clean reusable filters every 2 weeks & replace every 6 months
- + Rinse the humidifier tank daily with warm soapy water
- + Clean weekly with 1/3 vinegar and 2/3 water solution
- + Wash hoses daily with warm soapy water and hang to dry

\*Be sure to follow the instructions found with your mask and CPAP machine for specific instructions.

Please contact us anytime.  
toll free: **888.867.8840**  
or email: **info@NStherapy.com**



**NATIONAL**  
SLEEP THERAPY

We make it simple.

## Compliance for Life

An important program designed to help you maximize your therapy and keep your equipment current

National Sleep Therapy enrolls all patients in the Compliance for Life program. Optionally sign up for Product Reminders to keep your equipment performing at its best.

### Here's How it Works:

Every National Sleep Therapy patient is automatically enrolled in the following program at no cost to you.

- + Our respiratory therapists will call you on Day 4, Day 30, Day 60, Day 90, and then every 3 months to check on your therapy and your equipment. Please take their call.
- + You will be asked about your sleep health on each call. Please answer honestly.
- + You can call us anytime with questions or if you need support

### Product Reminder Program- Sign up today!

Your mask and certain parts of your CPAP machine are disposable and should be replaced periodically. Over time, certain parts wear and lose their ability to perform up to strict standards. We can help you keep track of which parts should be replaced and when. Below is the typical replacement schedule recognized by most insurance companies.

- + Sign-up for an email reminder. We'll notify you exactly which part needs to be replaced, but you decide when to replace them, or
- + Sign-up for automatic part renewal and we'll automatically ship you the parts you need. We will call you first before we ship or bill you anything.

### NATIONAL SLEEP THERAPY

Stay healthy by taking care of yourself and staying on therapy.

Questions?

Call US toll free at: **888.867.8840**

### Product Replacement Schedule

<input type="checkbox"/> Nasal Mask Cushion / 2 per month	<input type="checkbox"/> Hose / 1 per 3 months
<input type="checkbox"/> Nasal Pillow / 2 per month	<input type="checkbox"/> Headgear / 6 months
<input type="checkbox"/> CPAP Filter Disposable / 2 per month	<input type="checkbox"/> CPAP Filter Reusable / 6 months
<input type="checkbox"/> Full Face Cushion / 1 per month	<input type="checkbox"/> Humidifier Chamber / 6 months
<input type="checkbox"/> CPAP Mask / 1 per 3 months	

**YES, sign me up!**

Product Reminder only  
 Auto Renewal- call me first though!

**EMAIL**

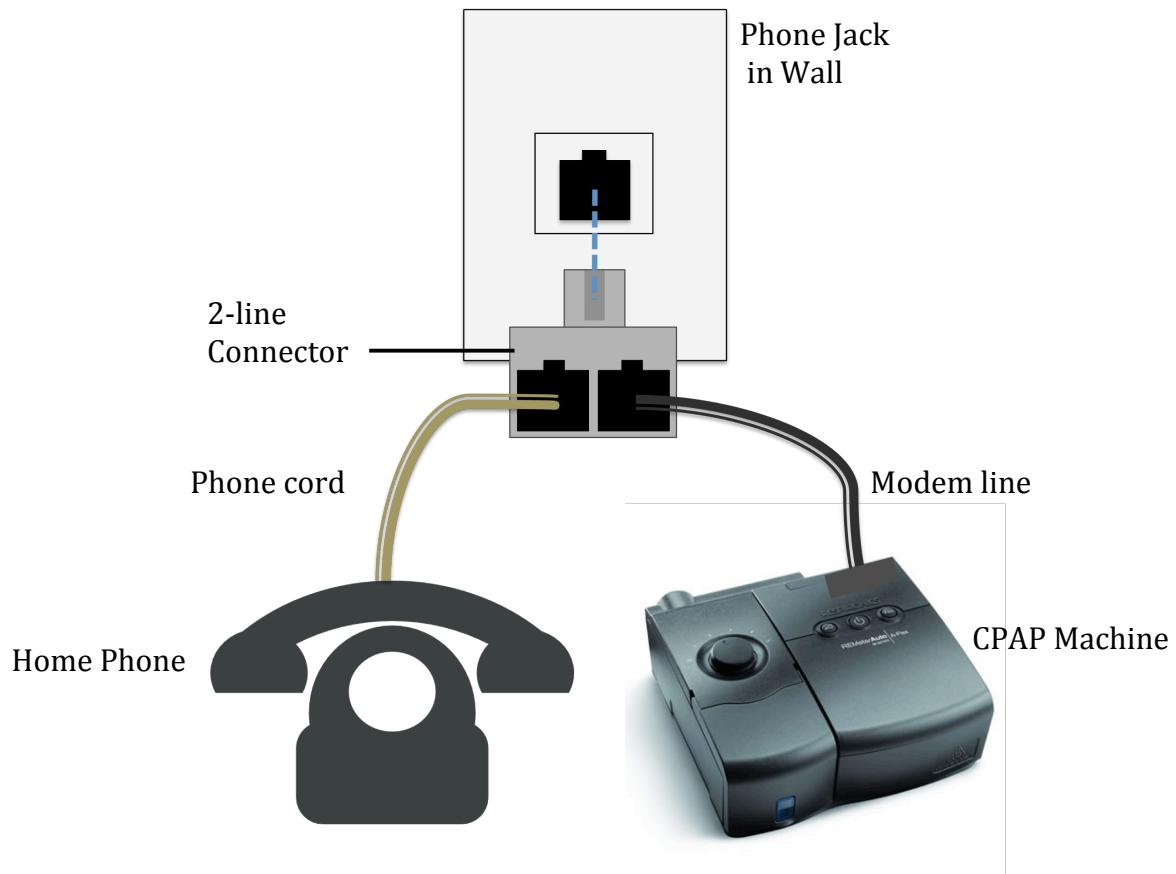
**PHONE**



## HOW TO CONNECT YOUR MACHINE TO YOUR PHONE SYSTEM

(applies only to CPAP machines with build-in modems, not smart cards)

- 1** Plug "2-line connector" into Phone Jack in Wall
- 2** Attach phone cord to connector and home phone
- 3** Attach modem line to connector and CPAP machine





## IMPORTANT THINGS TO REMEMBER

### MACHINE AND MASK USAGE

- 1) Machine should be approximately 8-12" below the height of your head while sleeping. Place machine on tray to prevent any water from damaging furniture or floors.
- 2) Your humidifier chamber should be washed daily with warm soapy water and rinsed with clean water. Let air dry on a towel. Only use distilled water in the humidifier.
- 3) Never move your machine. Empty humidifier first before moving machine or water will spill inside the machine and damage the unit.
- 4) When using a full-face mask avoid large meals before bed. Air swallowing is possible at night and it could cause you to vomit into your mask. Please notify your doctor if this occurs.
- 5) When using nasal pillows, using a small amount of saline gel in each nostril can help prevent irritation and provide a better seal.
- 6) Adjust your mask so it's not too tight or too loose. Air should not be leaking out the sides or blowing into your eyes. If you have to pull the straps uncomfortably tight, you may need a new mask.
- 7) Please review equipment user guides before using it in foreign countries or where power is not accessible. Your machine may be able to work with 220 volts (outside U.S.) and with battery power given the proper accessories.

### CLEANING

Your equipment must be kept clean to provide the best therapy.

#### Daily

- 1) Wipe foam mask cushion with damp cloth.
- 2) Clean nasal pillows with warm soapy water (Ivory liquid). Rinse with clean water. Air dry on a towel.
- 3) Clean water chamber daily with warm soapy water (Ivory liquid). Rinse with clean water.

#### Weekly

- 1) Wash mask with warm soapy water. Rinse and air dry on towel or hang.
- 2) Wash hose with warm soapy water or 4parts water/1part white distilled vinegar. Rinse and hang to dry.
- 3) Gray foam filter is washed with warm soapy water, rinsed and dried.
- 4) Never use harsh chemicals.

#### Monthly

The white machine filter is for ultra-fine particles such as pollen. Please inspect monthly and replace it when brownish in color. This filter is NOT reusable. Gray foam filters can be washed and reused.

A more complete cleaning guide is found in the user manual and patient guide.

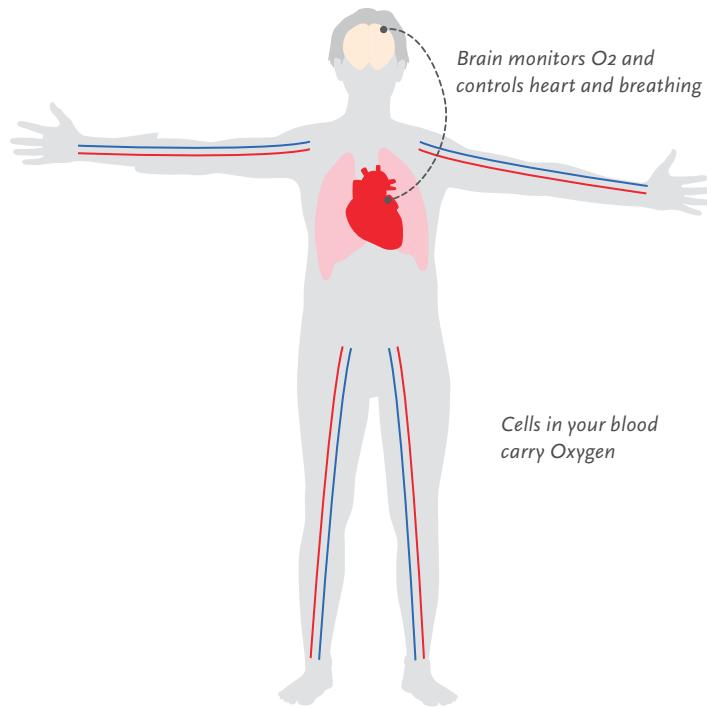
# Sleep Therapy Simplified

## HOW YOUR BODY WORKS

- + The body is made up of cells
- + Blood carries Oxygen (O<sub>2</sub>)
- + Proper Oxygen levels needed for healthy heart
- + Lungs and heart work together
- + CPAP can help restore breathing



NATIONAL  
SLEEP THERAPY





## ADMISSION CHECKLIST

During admission for the care, treatments and/or services provided, I received the following documents and was provided the opportunity to ask questions on their meaning:

- Yes    N/A   Welcome Letter/ Service Philosophy
- Yes    N/A   Company Overview and contact information
- Yes    N/A   Notice of Health Information Practices
- Yes    N/A   Medicare Supplier Standards
- Yes    N/A   Rights and Responsibilities Form
- Yes    N/A   Written Educational and Safety Information
- Yes    N/A   Equipment Information
- Yes    N/A   Advance Directives and Preparedness Statement
- Yes    N/A   Safety and Ethics
- Yes    N/A   Notice of Discontinuance
- Yes    N/A   Patient Survey
- Yes    N/A   Equipment cleaning instructions
- Yes    N/A   Compliance and follow-up care



**NATIONAL**  
SLEEP THERAPY

**Take the Survey TODAY!**

How was your CPAP set-up? We want to know. If you haven't already, please go on-line and take the 2-minute survey and be entered to win a new iPod.

Go to: [www.nstherapy.com](http://www.nstherapy.com)

See your HELPFUL FACTS guide for your secret username and password. Or call us.

**SURVEY**



By completing our fast and easy survey, we gain valuable information about how to improve our services.

**Take the Survey and sign-up to win a new iPod!**



Did you know...?

**100%**

of National Sleep Therapy patients who completed our survey would recommend us to their family or friends.

**USE AND SET-UP** Your clinician will set your machine to the proper pressure and fit you with the mask ordered by your doctor. If after 2-3 weeks, your mask does not feel right, call National Sleep Therapy right away to discuss your options. You are entitled to a new mask within 30 days of your initial setup. After that, you may need to pay for your mask or whatever portion your insurance does not cover.

**MACHINE AND MASK USAGE** There are a few things to remember:

- 1) Please use distilled water only in the humidifier for best performance and health- it does make a difference. A tray under your machine protects from spills.
- 2) When sleeping with the machine, please place the machine on a low table approximately 8 inches below your head. Keeping the machine lower than your head will keep condensed water that may accumulate in the hose away from your mask.
- 3) When using a full face mask avoid large meals before bed. Air swallowing is possible at night and it could cause you to vomit into your mask.
- 4) When using nasal pillows, using a small amount of saline gel in each nostril can help prevent irritation and provide a better seal.

**CLEANING** Your equipment must be kept clean to provide the best therapy. The mask, mask cushions, hose, and machine filters are all **disposable** and should be cleaned and replaced periodically. **Daily**- wipe foam cushion with damp cloth. Clean nasal pillows and water chamber daily with warm soapy water (Ivory liquid). Rinse with clean water. **Weekly**- wipe mask, and wash hose with warm soapy water. Rinse. Gray foam filter is washed with warm soapy water, rinsed and dried. Never use harsh chemicals. White, fine filter should be inspected monthly and replaced when brownish in color. A more complete cleaning guide is found in the user manual and patient guide. A proper cleaning routine is important to keep you healthy.

**\*DATA COMPLIANCE** You have been provided the most state-of-the-art therapy available. Your machine may be equipped with a datacard or phone modem so your doctor can check your therapy. If you're a **Medicare** subscriber, Medicare will stop paying for the equipment after 3 months unless you are using the machine at least **4 hours** per night for at least **70%** of the nights over a **30-day** period and see your doctor between days 31-90. We need proof of your office visit and your data to keep your Medicare coverage. For machines with a modem, it will automatically dial-in and send your nightly data. The call is free, and you don't have to do anything. If you have a datacard, your doctor will ask you to periodically bring the datacard to the their office for review.

**THERAPY-DRYNESS & COLDS** If your environment is dry, a heated humidifier usually helps alleviate nasal dryness caused by the CPAP machine. Humidification often helps you breath when you have a cold as well. More info go to [www.nstherapy.com](http://www.nstherapy.com).

**FOLLOW-UP** Your doctor may schedule you for a follow-up visit to check on your progress. In addition, our clinicians will call you on a periodic basis to ask a few questions about your health and general tolerance for CPAP therapy. CPAP can take some getting used to, and we want to help. If our clinician calls, please speak with them. They're genuinely interested in how you're doing with CPAP and want to help. Our clinician will call you within the first week of therapy, after 30 days, 60 days, 90 days, and quarterly after that. If you have any equipment issues or discomfort, we want to know about it right away. Please call us first. You can call to ask a question, order new parts, or get help with your CPAP equipment.

**MACHINE AND MASK WARRANTY** If your machine is damaged and cannot be made to work properly, we will provide you a replacement right away. Please call us first to discuss your options. We support manufacturers warranties (see product user guide) and cover the cost of providing you a replacement. If you are having trouble with a mask and it's more than 3 months old, it might be time for a replacement. Call us first- we're here to help. 888.867.8840

**REPLACEMENT PARTS- SCHEDULE** Your mask, cushions, hose, machine filters, and headgear are considered disposable. With time, parts get dirty from skin oils and bacteria which may compromise your respiratory system. Sign-up for our Automatic Resupply Program to have the parts you need shipped right to your door. Keeping equipment new and in good working order provides the best therapy with minimal adverse reactions such as skin irritation, acne, and general discomfort. Depending on your insurance and machine type, your resupply schedule and copayment may vary. If you're a Medicare subscriber, we need your approval for each resupply order.

**ONLINE SURVEY** We want to hear what you think about the services you were provided at your CPAP set-up. Please take your survey using the special link in your Welcome Email. **No email?** Please go to [www.nstherapy.com](http://www.nstherapy.com) and look on the home page for the "Survey" button, and use:

**USERNAME: nst**

**PASSWORD: survey**

The survey is completely anonymous, so please answer honestly. We use this information to improve the way we serve all of our clients. Thank you!

**TROUBLESHOOTING** If you should have any concerns or your machine is not operating properly, please call National Sleep Therapy first and not your doctor. Please make sure the unit is plugged in, and there is not any obstruction or kink in the hose. Otherwise, if the machine is not working, please call us. If you have a medical emergency that requires immediate medical care, please call 911 or your local emergency personnel right away before attempting to call us.



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SLEEP THERAPY

#### NEED HELP?

*Therapy questions? Equipment issue? Need a new mask or hose? Please call us first. Our number is toll-free and we're here to help. Or go online to [www.nstherapy.com](http://www.nstherapy.com) for news and information. We are adding more functionality everyday!*

**You can us reach in many ways at your convenience:**

toll free **888.867.8840** | general fax **888.867.8844**

email **support@nstherapy.com** | online **www.nstherapy.com**

Please note- email communication is not secure. For private matters, please call us.

**Monday thru Friday, 9am-5pm**

#### APPROXIMATE RESUPPLY SCHEDULE

**Nasal Mask Cushion** / 2 per month

**Nasal Pillow** / 2 per month

**Full Face Cushion** / 1 per month

**Nasal Mask** / 1 per 3 months

**Hose** / 1 per 3 months

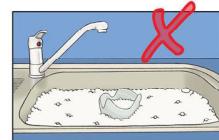
**Full Face Mask** / 1 per 3 months

**Headgear** / 1 per 6 months

**Chin Strap** (if used) / 1 per 6 months

**CPAP Filter** (reusable) / call us

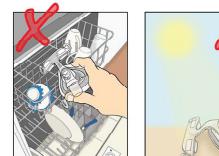
**Humidifier Chamber** / call us



Do not immerse the foam cushion in water



Do not soak plastic mask frame for longer than 10 mins



Do not wash mask in dishwasher or store in direct sunlight



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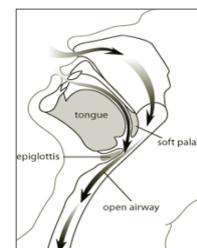
**888.867.8840 | [www.nstherapy.com](http://www.nstherapy.com) | [support@nstherapy.com](mailto:support@nstherapy.com)**

*National Sleep Therapy provides expert sleep care. We provide better product, service, and continued support. If you have questions, please do not hesitate to contact us.*

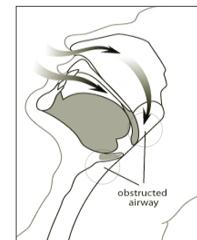
*Intelligent and compassionate care.*

# Helpful Facts

**KEEP THIS DOCUMENT HANDY AND CLOSE TO YOUR CPAP MACHINE**



Normal Inhalation while sleeping



Patient with OSA

**What is Obstructive Sleep Apnea (OSA)?** Your doctor has diagnosed you with OSA, a very common condition caused by a blockage of the airway, usually when the soft tissue in the rear of the throat collapses and closes during sleep. In the U.S. alone, data suggests that 25million people have undiagnosed OSA. You are fortunate that treatment is available that should improve your sleep and overall health.

**How is it treated?** Your doctor has selected CPAP (Constant Positive Airway Pressure) for your treatment. CPAP works by gently blowing pressurized room air through the airway at a pressure high enough to keep the throat open. This pressurized air acts as a "splint." The pressure is set according to your needs at a level that eliminates the apneas and hypopneas that cause awakenings and sleep fragmentation.

**YOUR CPAP PACKET CAME WITH A REFRIGERATOR MAGNET. PLEASE PUT IT ON YOUR FRIDGE TODAY TO REMIND YOURSELF TO KEEP YOUR PRODUCTS CLEAN, TO REPLACE THEM ON TIME, AND TO KEEP OUR PHONE NUMBER HANDY IF YOU NEED US.**

**888.867.8840 | [www.nstherapy.com](http://www.nstherapy.com) | [support@nstherapy.com](mailto:support@nstherapy.com)**



## AUTOMATIC CPAP SUPPLY PLAN

If you are covered by insurance, we offer a resupply plan that will ship replacement parts to you directly on a period basis. These items may be covered by insurance and / or may require a copayment. If you do not have insurance, we will not send you supplies unless requested and paid with a credit card prior to shipping. Your sleep therapy accessories are designed for replacement on a periodic basis as they can become dirty and cause respiratory infection, hold oils from your skin, and change shape from use. \*Please note however that due to certain insurance requirements, your order may be slightly delayed or different to meet your allowed benefits. If you are a Medicare subscriber, we will call first to approve your order prior to shipping your supplies. **If you receive a message from us, please call us back right away to confirm your order.** Replacement dates are recommended, but are approximate. We typically bundle supplies and send a 3-month re-supply every three months. A typical shipment includes mask cushions, tubing, disposable filters, and mask with headgear. Your shipment may differ depending on your specific plan and needs.

<input type="checkbox"/> Yes, 2 per month	(A7033) Nasal Pillow	_____
<input type="checkbox"/> Yes, 2 per month	(A7032) Nasal Mask Cushion	_____
<input type="checkbox"/> Yes, 2 per month	(A7038) Disposable CPAP filter	_____
<input type="checkbox"/> Yes, every 1 month	(A7031) Full Face Mask Cushion	_____
<input type="checkbox"/> Yes, every 3 months	(A7037) CPAP hose	_____
<input type="checkbox"/> Yes, every 3 months	(A7034) Nasal Mask type	Size _____
<input type="checkbox"/> Yes, every 3 months	(A7030) Full Face Mask type	Size _____
<input type="checkbox"/> Yes, every 6 months	(A7035) Headgear	_____
<input type="checkbox"/> Yes, every 6 months	(A7036) Chin-strap	_____
<input type="checkbox"/> by request only	(A7046) Humidifier Chamber	_____
<input type="checkbox"/> by request only	(A7039) Reusable CPAP filter	_____

REQUIRED: PLEASE PRINT NEATLY AND COMPLETE ALL AREAS BELOW ☺

Agreement

With your signature below, you authorize National Sleep Therapy to automatically ship replacement items to you and bill your insurance company directly. Any copayments or deductibles will be your responsibility and you agree to pay these upon invoice.

Customer Signature \_\_\_\_\_

Date \_\_\_\_\_

Customer Name \_\_\_\_\_

Email\* \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

\*Email needed for welcome email, shipping confirmations, therapy announcements, product recalls and therapy information. We will never sell or give your email address or any information to anyone. We will never send you sales materials or anything that is not related to your therapy or product shipments.



The Finest in Sleep Therapy. It's all we do!

## Important Information For Medicare Patients\*

### • 3 STEPS TO KEEPING YOUR CPAP •

If you are a Medicare subscriber, your sleep therapy equipment is covered for the first **3 months only**. Medicare calls this your "trial period." In order to continue your Medicare CPAP coverage after the trial period, you must meet some strict guidelines.

During the first 90 days of use, you must:

1 **Use your machine at least 4 hours per night\***

2 **Use your machine for at least 5 days per week\***

3 **Visit your doctor between day 31 and 90**

\* 4hrs per night for 5 days/wk over any consecutive 30 day period

Please try your best to meet these compliance guidelines and keep your doctor's appointments.

Unfortunately, if you do not meet Medicare's guidelines, you must return your equipment to us since Medicare stops paying for it. If you and your doctor would like to continue your sleep therapy, here are your

#### OPTIONS:

1. You can purchase your equipment from us, or
2. Your doctor can prescribe Bi-Level therapy, or
3. You can have another sleep study.

You should decide before 90 days in order to not miss any days on therapy.

## Use your Therapy Keep your appointments (days 31-90)

### \*If you have Medicare as Secondary Insurance

You must also meet these same guidelines for Medicare to cover the amount your primary insurance will not cover. If you do not meet these compliance guidelines, you must follow Medicare **OPTIONS** to receive Medicare coverage, or pay the remaining balance for non-covered expenses yourself.



Call us... we're here to help.

**888.867.8840**



## WHEN WILL I GET MY SUPPLIES?

### Important information about the Automatic Supply Program

**Why sign up?** Signing up for automatic supply replacement is an easy way to ensure your mask, hose, cushions and other consumables are fresh and clean. Supplies are automatically sent to your home, but there are some factors that can impact when you receive your supplies. Please read on.

**What is the schedule?** If possible, we will ship new cushions soon after the first 31 day (unless your mask changes- see below). On-going, we will ship your supplies every 90 days and provide you with a 3-month supply of replacement parts. These parts "typically" include:

- 3 Mask cushions or 6 nasal pillows
- 1 Hose
- 1 Mask
- 6-pack of Fine filters (white)

#### Going Green

There are some components that we feel can be replaced less often and do not ship automatically. This will save un-needed replacements for items that with a good cleaning regimen should remain in good working order for up to one year. UPON REQUEST we will be happy to ship to you:

- Humidifier Chamber
- Reusable filters

If these become worn, leak, or in poor working condition, please don't hesitate to call us for replacements of these items. These will not be replaced more often than every 6 months.

**Why does my replacement plan differ?** There are many factors that can influence when you receive replacement parts. Here are some of the factors that will impact your specific order:

- 1 ***Your insurance benefit may only allow a maximum number of replacements per year.*** In this case we need to find a plan that works within your insurance benefit (and your pocketbook). If you want to pay out of pocket, the difference of what your insurance will pay, and what you would like to have and keep on a more frequent schedule, please let us know. Otherwise we will use the allowable amount set by your insurance company.
- 2 ***Your copayment may be high.*** In this case, you may opt not to replace your parts as often. If this is the case, please let us know.
- 3 ***You may have had a mask refit or multiple mask refits.*** In this case, we often wait 31 days until you have found your mask of choice before sending supplies. We do not ship partial shipments, so trying various masks will delay your first (and subsequent) shipments.
- 4 ***Your equipment is covered by Medicare.*** If this is the case, then Medicare guidelines are very strict in what replacements they allow and at what frequency. For example, if we ship replacement parts at day 31, we must wait exactly 31 days before even

creating the order for your first shipment, and 91 days for you subsequent one. This may delay your order by up to one week or more. If you had a mask refit, our 31-day "clock" will start once you have selected your final mask of choice.

**What if I'm not able to get the parts I need in time? Will it impact my health?** National Sleep Therapy recommends replacing your consumable parts on or about on the schedule provided. With proper care however, these parts can last longer. How long they can last is up to your individual usage pattern, attention to cleaning, and environmental exposure. If your insurance benefit does not allow you to meet the recommended replacement schedule, you are able to buy product through National Sleep Therapy. We are not able to bill your insurance company or Medicare for replacement parts above what your specific benefit will cover.

**What if I have Bi-Level or ASV therapy?** If you have Medicare as your primary insurance, and are on Bi-level, or ASV therapy, your replacement parts are included in your insurance benefit on a 6-month schedule. As such, please practice good cleaning hygiene of your consumable parts in between your replacement schedule.

### **Questions? Call us first**

Please contact us by phone M-F, 9m-5pm if you have a question or need CPAP assistance.

Call us toll free at 888.867.8840, or Email us at [support@nstherapy.com](mailto:support@nstherapy.com)

